



Chris Swope

Lansing City Clerk

Medical Marihuana Secure Transporter Application

(City Codified Ordinances – Chapter 1300)
<http://mi-lansing.civicplus.com/171/Business-Licenses>

ANNUAL LICENSE APPLICATION FEE: \$5000.00

If license is not granted, \$2500.00 will be returned to applicant.

One Year License Term

Establishment Information 1300.5(3)

Name of Establishment		Establishment Phone Number	
Establishment Address	City	State	Zip

Applicant Type

☐ Individual ☐ Corporation ☐ LLC ☐ LLP ☐ Other _____

☐ I have been a continuous resident of Michigan for two (2) years. MCL 333.27402(2)(g)

Applicant Information

Applicant Name		Date of Birth	
Phone Number		Secondary Phone Number	
Applicant Address	City	State	Zip

Applicant Email Address	
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Emergency Contact Information

Name:	
Address:	
Phone:	Email:

Lansing City Clerk's Office
Ninth Floor, City Hall, 124 W. Michigan Ave., Lansing, MI 48933-1695
517-483-4131 • 517-377-0068 FAX

www.lansingmi.gov/clerk • city.clerk@lansing.mi.gov

Stakeholder Information – Corporations, LLCs, LLPs or Other non-individual entities must complete this sheet for every additional Applicant or Stakeholder. You must designate **one** Stakeholder as Emergency Contact. *Make additional copies as needed.*

Name		Date of Birth	
Phone Number		Secondary Phone Number	
Address	City	State	Zip
Email Address			
Designated Emergency Contact for Applicant?			
<input type="checkbox"/> Yes		<input type="checkbox"/> No	

Name		Date of Birth	
Phone Number		Secondary Phone Number	
Address	City	State	Zip
Email Address			
Designated Emergency Contact for Applicant?			
<input type="checkbox"/> Yes		<input type="checkbox"/> No	

Name		Date of Birth	
Phone Number		Secondary Phone Number	
Address	City	State	Zip
Email Address			
Designated Emergency Contact for Applicant?			
<input type="checkbox"/> Yes		<input type="checkbox"/> No	

Operator and employee information – must be completed for every operator and employee. You must also submit a copy of photo identification for each. *Make additional copies as needed.*

Name		Date of Birth	
Phone Number		Email Address	
Address	City	State	Zip

Name		Date of Birth	
Phone Number		Email Address	
Address	City	State	Zip

Name		Date of Birth	
Phone Number		Email Address	
Address	City	State	Zip

Name		Date of Birth	
Phone Number		Email Address	
Address	City	State	Zip

Name		Date of Birth	
Phone Number		Email Address	
Address	City	State	Zip

Applicant Secure Transporter Facility Checklist

Numbers indicate citation in Medical Marihuana Ordinance. Clearly mark each section.

Completed Application with each item clearly identified 1300.5(B) <input type="radio"/>	\$5000 Application Fee 1300.7(C) <input type="radio"/>
If applicant is an Individual: Copy of applicant's government issued photo ID 1300.5(1) <input type="radio"/>	Floor Plan 1300.5(15) <input type="radio"/>
If applicant is Corporation, LLC, LLP or Other: Organizational documentation 1300.5(2) <input type="radio"/>	Proposed text and graphic materials For Exterior of building 1300.5(16) <input type="radio"/>
Criminal History Authorization Forms for all Stakeholders & Employees 1300.5(5) <input type="radio"/>	Location Area Map 1300.5(17) <input type="radio"/>
Copy of photo identification for all Operators & Employees 1300.5(28) <input type="radio"/>	Facility Sanitation Plan 1300.5(18) <input type="radio"/>
Resumes for Applicant/ Each Stakeholder 1300.5(8) <input type="radio"/>	Inventory Plan 1300.5(19) <input type="radio"/>
Patient Education Plan 1300.5(9) <input type="radio"/>	Procedures for testing contaminants 1300.5(20) <input type="radio"/>
Employee Training & Education Plan 1300.5(11) <input type="radio"/>	Lansing Treasury Information Request Form 1300.5(21) <input type="radio"/>
Proposed Business Plan 1300.5(12) <input type="radio"/>	Net Worth & Bank Statements 1300.5(22) <input type="radio"/>
Proof of Ownership Premises OR Written Property Owner Consent & Copy of Lease 1300.5(13) <input type="radio"/>	Estimates of Jobs, Compensation, Annual Budget & Revenue 1300.5(23) <input type="radio"/>
Security Plan 1300.5(14) <input type="radio"/>	Proof of Surety Bond OR Escrow Account 1300.5(27) <input type="radio"/>
Cultivation Plan indicating all cultivation is performed in a building, Production Testing Plan, and Chemical and Pesticide Storage Plan 1300.5(25) <input type="radio"/>	Proof of Insurance Policy 1300.5(26) <input type="radio"/>

☐ I affirm that I, the applicant, and each stakeholder and employee is at least 18 years of age and has not been convicted of or pled guilty or no contest to a disqualifying felony. 1300.5(B)(4)

☐ I affirm that I, the applicant or operator: 1300.5(B)(7)

☐ have not had a business license revoked or suspended. OR

☐ have had a business license revoked or suspended, explained below:

☐ I acknowledge that I, the applicant, am aware that all matters related to marihuana, growing, cultivation, possession, dispensing, testing, safety compliance, transporting, distribution, and use are currently subject to State and Federal Laws, Rules, and Regulations and that the approval or granting of a license hereunder does not exonerate or exculpate myself, the applicant, from abiding by the provisions and requirements and penalties associated with those laws, rules, and regulations or exposure to any penalties associated therewith; and further myself, the applicant, waives and forever releases any claim, demand, action, legal redress, or recourse against the City of Lansing, its elected and appointed Officials and its Employees and Agents for any claims, damages, liabilities, causes a result of the violation by myself, the applicant, its Officials, members, partners, shareholders, employees and agent of those laws, rules, and regulations and hereby waives, and assumes the risk of any such claims and damages, and lack of recourse against the City of Lansing, its elected and appointed Officials, employees, attorneys, and agents. 1300.5(B)(24)

☐ All drivers in this application have a State of Michigan Chauffer's License. MCL 333.27503(4)(a)

☐ I swear that neither I, the applicant, nor any stakeholder is in default to the City of Lansing for failure to pay any property taxes, special assessments, fines, fees or other financial obligation to the City. 1300.5(B)(21)

☐ I agree to report any changes to the information required under Chapter 1300 to the City Clerk within ten (10) business days. 1300.8(D)

I understand that a grant of a conditional license by the City of Lansing is contingent upon the grant of a license by the State of Michigan.

I swear that the statements made in this application, including all attachments thereto, are true.

Name _____ Signature _____

Address _____ Date _____

Subscribed & sworn to before me this _____ day of _____ 20_____

Notary Signature _____

Printed Name _____ *My Commission Expires* _____

Notary Public, _____ County, MI Acting in the County of _____

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TO BE COMPLETED BY APPLICANT AND EACH STAKEHOLDER

CITY TREASURER INCOME TAX DIVISION

(517) 483-4121 (517) 483-4114
1ST Floor – City Hall
124 West Michigan Avenue
Lansing MI 48933

LANSING TREASURY INFORMATION REQUEST

Name: _____

Home Address: _____

_____ Since _____

Daytime Phone Number: _____

Social Security #: _____

Driver's License #: _____

Date of Birth: _____

Employer/Business Information

Corporate Name: _____

Doing Business As: _____

Address: _____

Business Phone #: _____

Federal Employer Identification #: _____

Do you, or any of these businesses, owe the City money for any reason? Yes _____ No _____

If Yes, for what reason? _____

Name of any other Lansing area business in which your ownership participation exceeds 25%

Signature

Date



Chris Swope
Lansing City Clerk

Criminal History Record Check Authorization

As part of the Licensing process, we need you to complete the background and criminal history record check authorization below. This information must be returned with your application to the Lansing City Clerk's Office, 9th Floor City Hall, 124 W Michigan Ave, Lansing, MI 48933. Please call (517) 483-4133 if you have any questions.

**Complete a separate form for each individual subject to background check.
Applicant, stakeholder(s), and all employees must fill out this form.**

Date: _____

I _____ authorize the release of any and all information from any appropriate agency regarding my criminal conviction history to the Lansing City Clerk's Office. I understand that my ethnicity, date of birth, sex and my age will not be made a part of my Application and that none of these four (4) items will be considered in the review of my License.

I acknowledge that a complete full background investigation, including, but not, limited to a State Police Criminal Conviction Record Check will be done.

I further understand that the Lansing City Clerk's Office has the right to deny my License based upon the results of this investigation.

(Please Print Clearly)

Full Name: _____
First Middle Last Maiden/Other

Date of Birth: _____ Sex: _____ Race: _____

Social Security No: _____ Driver's License # _____

List all names ever used: _____

Signature

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